

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J. B.</i>	<i>2000-03-00</i>	<i>10-03-00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>60259</i>	<i>11-12-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>60259</i>	<i>1-19-01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>60259</i>	<i>1-19-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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